

TO:	FAX NUMBER:	PHONE NUMBER:
Brian T. O'Connor	(571) 270-2081	571-270-1081
U.S. Patent and Trademark Office	(571) 273-8300	
Art Unit 2616		
U.S. Appln. No. 10/606,753		
SENDER:	SENDER'S FAX NUMBER:	SENDER'S PHONE NUMBER:
Kyle D. Petaja	(202) 344-8300	(202) 344-4457
	SENDER'S ASSISTANT:	ASSISTANT'S PHONE NUMBER:
	Vilma Cruz	(202) 344-4202
DATE:	CLIENT/MATTER NUMBER:	PAGES, EXCLUDING COVER:
October 11, 2007	32172-188433	15

MESSAGE:

As discussed in your telephone conversation with Michael Sartori, attached please find a copy each of the PTO date-stamped filing receipt, a Fee Transmittal, and a Response to Non-Final Office Action as filed with the U.S. Patent and Trademark Office on June 20, 2007.

Should you need to discuss this case further, please contact me at the above telephone number.

Sincerely,
Kyle D. Petaja

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PATENT PROSECUTION RECEIPT OF FILING

1410397

Venable Filing Number	Attorney/LAA:	MAS/KDP/vlc
Atty. Docket No:	PTO Due Date:	June 20, 2007
Title of Application:	Current Date:	June 20, 2007
Application No:	SCHEDULING PACKETS FOR SWITCH MEMORY (PB 02 0011)	
Patent No.:	Filing Date:	June 27, 2003
	Issue Date:	

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

Transmittal Letter
 Fee Transmittal Letter
 New U.S. Patent Application
 (____ pages of specification/claims)
 Rule 53(d) Continued Prosecution Application
 Rule 53(b) Continuation or Divisional Application
(attach copy of specification, claims, drawings and declaration)
 U.S. National Stage Application of PCT Application
 Request for Continued Examination (RCE) under 37 CFR 1.114
 Application Data Sheet
 Substitute Specification
 Priority Document-Cert. Copy of
 Appln #: ____; Country: ____; Date Filed: ____
 Formal Drawings (____ sheets, Figs.)
 Inventor Declaration
 Assignment w/Cover Sheet
 Response to Notice to File Missing Parts
 Response to Notice to File Missing Requirements
 Response to Requirement
 Information Disclosure Statement with cited references
 Response
 Amendment
 Petition/Request for Extension of Time (mo. ext.)
 Power of Attorney
 Petition to Revive
 Sequence Listing - CDR Enclosed? Yes No
 Request for Non-Publication
 Request to Rescind Non-Publication Request
 Terminal Disclaimer
 Notice of Appeal
 Appeal Brief (*In triplicate*) / Reply Brief (*In triplicate*)
 Request for Oral Hearing
 Confirmation of Hearing Petition
 Issue Fee Transmittal
 Certificate of Correction
 Maintenance Fee Transmittal
 Status Inquiry
 Other: (Please describe below)



U.S. PTO FEES ENCLOSED

Filing Fee	_____
Search Fee	_____
Examination Fee	_____
Additional Claim Fee	_____
Extension Fee	_____
IDS Fee	_____
Recordation Fee	_____
Notice of Appeal Fee	_____
Brief on Appeal	_____
Oral Hearing Request Fee	_____
Petition Fee	_____
Issue Fee	_____
Publication Fee	_____
Certificate of Correction Fee	_____
Maintenance Fee	_____
Other Fees (Describe)	_____
_____	_____
_____	_____
_____	_____

0.00 Total Fees Paid

Charge the above fees as follows:

USPTO Deposit Account No. 22-0261

USPTO Deposit Account No. _____

USPTO not to charge any Deposit Account

SJH 6/20/07

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816). Fee TRANSMITTAL For FY 2007		Complete If Known	
		Application Number	10/606,753-Conf. #5555
		Filing Date	June 27, 2003
		First Named Inventor	Robert B. Magill
		Examiner Name	B. O'connor
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2616
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Attorney Docket No. 32172-188433	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 22-0261		Deposit Account Name: Venable LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>
Fee (\$)
50
25

Each independent claim over 3 (including Reissues)

200	100
360	180

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>19</u>	- 20 =	<u>x</u>	=	<u>Fee (\$)</u>
				<u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>
<u>3</u>	- 3 =	<u>x</u>	=	<u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Kyle D. Petaja</i>	(Attorney/Agent) 60,309	(202) 344-4000
Name (Print/Type)	Date June 20, 2007		

DC2/869806